

EXHIBIT 1

Mortgage Financing Made Simple

- friend
- banker

- Thaddeus White

1/18/06

- Marcia Naseman

480-766-1750

480-275-7687

Gary Silverman, atty for Mrs
Reno, Nevada\$2.8 million in Shearson etc
3 sets of 1990 tax return

\$1.3 million income

\$5.5 million income

Christina Hamilton

Jatheta Brunton - St. Anne's
Lenox

- back with Andrea Nevada

1992 -
tubes
Jan 1993Compliments of
Ron Miller
917.887.6703
Classic Mortgage

3-4/1993

divorce

The Graybar Building
429 Lexington Ave.
New York, NY 10170

cookstreet@earthlink.net

Licensed Mortgage Bankers NY/NJ/CT/FL/VA

= \$91K loaned

25 East Spring Valley Ave.
40 branches
Maywood, NJ 07607

- ring

EXHIBIT 2

by Delivery

FedEx® US Airbill®
Express

SEP 21 1962

FedEx® Saturday Delivery

FedEx® Saturday

Ziploc
This pouch is resealable.

TH955

EXHIBIT 3

Form **1040** Department of the Treasury—Internal Revenue Service
U.S. Individual Income Tax Return 1990

For the year Jan.—Dec. 31, 1990, or other tax year beginning 1990, ending 1990, OMB No. 1545-0047

Label
 (See instructions on page 8.)
 Use IRS label. Otherwise, please print or type.

Label HERE

Your first name and initial **DAVID M.** Last name **Naseman**
 If a joint return, spouse's first name and initial **TORIL** Last name **HARRING**
 Home address (number and street). (If you have a P.O. box, see page 9.) **425 EAST 51st Street** Apt. no. **5A-6A**
 City, town or post office, state, and ZIP code. (If you have a foreign address, see page 9.) **NEW YORK NEW YORK 10022**

Presidential Election Campaign
 (See page 9.) Do you want \$1 to go to this fund? ☒ Yes ☐ No
 If joint return, does your spouse want \$1 to go to this fund? ☒ Yes ☐ No **Note: Checking "Yes" will not change your refund.**

Filing Status
 Check only one box.
 1 ☐ Single. (See page 10 to find out if you can file as head of household.)
 2 ☒ Married filing joint return (even if only one had income).
 3 ☐ Married filing separate return. Enter spouse's social security no. above and full name here. **>**
 4 ☐ Head of household (with qualifying person). (See page 10.) If the qualifying person is your child but not your dependent enter this child's name here. **>**
 5 ☐ Qualifying widow(er) with dependent child (year spouse died **> 19**). (See page 10.)

Exemptions
 (See instructions on page 10.)
 6a ☒ Yourself If your parent (or someone else) can claim you as a dependent on his or her tax return, do not check box 6a. But be sure to check the box on line 33b on page 2.
 b ☒ Spouse
 c Dependents:
 (1) Name (first, initial, and last name) (2) Check if under age 2 (3) If age 2 or older, dependent's social security number (4) Dependent's relationship to you (5) No. of months lived in your home in 1990
 If more than 6 dependents, see instructions on page 11.
 d If your child didn't live with you but is claimed as your dependent under a pre-1985 agreement, check here ☐
 e Total number of exemptions claimed **4**
No. of boxes checked on 6a and 6b
No. of your children on 6c who:
 • lived with you **—**
 • didn't live with you due to divorce or separation (see page 11) **—**
No. of other dependents on 6c **—**
Add numbers entered on lines above **4**

Income
 Attach Copy B of your Forms W-2, W-2G, and W-2P here.
 If you do not have a W-2, see page 8.
 Attach check or money order on top of any Forms W-2, W-2G, or W-2P.

7 Wages, salaries, tips, etc. (attach Form(s) W-2) **7 5,329,797**
 8a Taxable interest income (also attach Schedule B if over \$400) **8a 2,14,576**
 b Tax-exempt interest income (see page 13). DON'T include on line 8a **8b**
 9 Dividend income (also attach Schedule B if over \$400) **9 4,236**
 10 Taxable refunds of state and local income taxes, if any, from worksheet on page 14 **10**
 11 Alimony received **11**
 12 Business income or (loss) (attach Schedule C) **12**
 13 Capital gain or (loss) (attach Schedule D) **13 73,117**
 14 Capital gain distributions not reported on line 13 (see page 14) **14**
 15 Other gains or (losses) (attach Form 4797) **15**
 16a Total IRA distributions **16a** 16b Taxable amount (see page 14) **16b**
 17a Total pensions and annuities **17a** 17b Taxable amount (see page 14) **17b**
 18 Rents, royalties, partnerships, estates, trusts, etc. (attach Schedule E) **18**
 19 Farm income or (loss) (attach Schedule F) **19**
 20 Unemployment compensation (insurance) (see page 16) **20**
 21a Social security benefits **21a** 21b Taxable amount (see page 16) **21b**
 22 Other income (list type and amount—see page 16) **22**
 23 Add the amounts shown in the far right column for lines 7 through 22. This is your total income **23 5,541,728**

Adjustments to Income
 (See instructions on page 17.)
 24a Your IRA deduction, from applicable worksheet on page 17 or 18 **24a**
 b Spouse's IRA deduction, from applicable worksheet on page 17 or 18 **24b**
 25 One-half of self-employment tax (see page 18) **25**
 26 Self-employed health insurance deduction, from worksheet on page 18 **26**
 27 Keogh retirement plan and self-employed SEP deduction **27**
 28 Penalty on early withdrawal of savings **28**
 29 Alimony paid. Recipient's SSN **29**
 30 Add lines 24a through 29. These are your total adjustments **30**
 31 Subtract line 30 from line 23. This is your adjusted gross income. If this amount is less than \$20,264 and a child lived with you, see page 23 to find out if you can claim the "Earned Income Credit" on line 57 **31 5,541,728**

David Naseman
 Exhibit No. **1106**
 Date **11/10/06**
 Kristen L. Wunsch, RPP

Form 1040(1990)

Page 1

| | | | | | | |
|--|--|-----|---|----|-----------|----|
| Tax Computation | | 32 | Amount from line 31 (adjusted gross income) | 32 | 5,561,728 | 19 |
| 33a Check if: <input type="checkbox"/> You were 65 or older <input type="checkbox"/> Blind; <input type="checkbox"/> Spouse was 65 or older <input type="checkbox"/> Blind. | | | | | | |
| Add the number of boxes checked above and enter the total here | | 33a | | | | |
| b If your parent (or someone else) can claim you as a dependent, check here | | 33b | | | | |
| c If you are married filing a separate return and your spouse itemizes deductions, or you are a dual-status alien, see page 19 and check here | | 33c | | | | |
| 34 Enter the larger of: | | 34 | | | | |
| <input type="checkbox"/> Your standard deduction (from the chart (or worksheet) on page 20 that applies to you), OR <input checked="" type="checkbox"/> Your itemized deductions (from Schedule A, line 27). If you itemize, attach Schedule A and check here. | | | | | | |
| 35 Subtract line 34 from line 32 | | 35 | | | 4,918,565 | 02 |
| 36 Multiply \$2,050 by the total number of exemptions claimed on line 6e | | 36 | | | 4,100 | 00 |
| 37 Taxable Income: Subtract line 36 from line 35. (If line 36 is more than line 35, enter -0-.) | | 37 | | | 4,914,465 | 02 |
| 38 Enter tax. Check if from: a <input type="checkbox"/> Tax Table, b <input checked="" type="checkbox"/> Tax Rate Schedules, or c <input type="checkbox"/> Form 8615 (see page 21) | | 38 | | | 1,377,198 | 20 |
| (If any is from Form(s) 8814, enter that amount here d) | | | | | | |
| 39 Additional taxes (see page 21). Check if from: a <input type="checkbox"/> Form 4970 b <input type="checkbox"/> Form 4972 | | 39 | | | | 00 |
| 40 Add lines 38 and 39 | | 40 | | | 1,377,198 | 20 |
| Credits | | | | | | |
| (See instructions on page 21.) | | | | | | |
| 41 Credit for child and dependent care expenses (attach Form 2441) | | 41 | | | | |
| 42 Credit for the elderly or the disabled (attach Schedule R) | | 42 | | | | |
| 43 Foreign tax credit (attach Form 1116) | | 43 | | | | |
| 44 General business credit. Check if from: | | 44 | | | | |
| a <input type="checkbox"/> Form 3800 or b <input type="checkbox"/> Form (specify) | | | | | | |
| 45 Credit for prior year minimum tax (attach Form 8801) | | 45 | | | | |
| 46 Add lines 41 through 45 | | 46 | | | | 00 |
| 47 Subtract line 46 from line 40. (If line 46 is more than line 40, enter -0-.) | | 47 | | | 1,377,198 | 20 |
| Other Taxes | | | | | | |
| 48 Self-employment tax (attach Schedule SE) | | 48 | | | | |
| 49 Alternative minimum tax (attach Form 6251) | | 49 | | | | |
| 50 Recapture taxes (see page 22). Check if from: a <input type="checkbox"/> Form 4255 b <input type="checkbox"/> Form 8611 | | 50 | | | | |
| 51 Social security tax on tip income not reported to employer (attach Form 4137) | | 51 | | | | |
| 52 Tax on an IRA or a qualified retirement plan (attach Form 5329) | | 52 | | | | |
| 53 Advance earned income credit payments from Form W-2 | | 53 | | | | |
| 54 Add lines 47 through 53. This is your total tax | | 54 | | | 1,377,198 | 20 |
| Payments | | | | | | |
| 55 Federal income tax withheld (if any is from Form(s) 1099, check <input type="checkbox"/>) | | 55 | | | 1,116,424 | 46 |
| 56 1990 estimated tax payments and amount applied from 1989 return | | 56 | | | | |
| 57 Earned income credit (see page 23) | | 57 | | | | |
| 58 Amount paid with Form 4868 (extension request) | | 58 | | | | |
| 59 Excess social security tax and RRTA tax withheld (see page 24) | | 59 | | | | |
| 60 Credit for Federal tax on fuels (attach Form 4136) | | 60 | | | | |
| 61 Regulated investment company credit (attach Form 2439) | | 61 | | | | |
| 62 Add lines 55 through 61. These are your total payments | | 62 | | | 1,116,424 | 46 |
| 63 If line 62 is more than line 54, enter amount OVERPAID | | 63 | | | | |
| 64 Amount of line 63 to be REFUNDED TO YOU | | 64 | | | | |
| 65 Amount of line 63 to be APPLIED TO YOUR 1991 ESTIMATED TAX | | 65 | | | | |
| 66 If line 54 is more than line 62, enter AMOUNT YOU OWE. Attach check or money order for full amount payable to "Internal Revenue Service." Write your name, address, social security number, daytime phone number, and "1990 Form 1040" on it. | | 66 | | | 210,573 | 74 |
| 67 Estimated tax penalty (see page 25) | | 67 | | | | 00 |

Sign Here

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Keep a copy of this return for your records.

Paid Preparer's Use Only

| | | |
|--|----------|----------------------------------|
| Preparer's signature | Date | Your occupation |
| <i>James J. [Signature]</i> | 4-14-91 | Attorney-at-Law |
| Spouse's signature (if joint return; BOTH must sign) | Date | Spouse's occupation |
| <i>Reel Harding</i> | 4-14-91 | Vice President & General Counsel |
| Preparer's signature | Date | Preparer's social security no. |
| | | |
| Firm's name (or yours if self-employed) and address | E.I. No. | |
| | ZIP code | |

U.S. Government Printing Office: 1990 - 280-C

TH241

| | | | | | |
|--|--|---|--|---|--|
| 3 Employer's ID # 13-3247448 | 4 Employer's state ID # | 5 Employer's social sec. # | 6 Advance EIC payment 0.00 | 9 Federal income tax withheld 23,092.82 | Copy B for Employee Federal Tax Return |
| 6a Sick pay <input type="checkbox"/> | 6b Dividend income <input type="checkbox"/> | 6c Rollover <input type="checkbox"/> | 6d Other income <input type="checkbox"/> | 6e Other <input type="checkbox"/> | |
| 7 Allocated tips 0.00 | | | 10 Wages, tips, other comp. 150,253.43 | 11 Social sec. tax withheld 3,924.45 | 12 Social security wages 51,300.00 |
| 2 Employer's name, address and ZIP code INFO SOLUTIONS 4 WEST RED OAK LANE WHITE PLAINS NY 10604 | | | 13 Social security tips 0.00 | 14 Nonqualified plans 0.00 | 15 Dependent care benefits 0.00 |
| 19 Employee's name, address and ZIP code TOEHL HARDING 425 EAST 51ST APT 5A NEW YORK NY 10022 | | | 16 Fringe benefits incl. in Box 10 455.00 | 17 Codes explained on back | |
| | | | 18 Other 0.00 0.00 0.00 0.00 | B - 1,464.21 D - 7,979.00 0.00 | |
| | | | 24 State income tax 10,661.23 | 25 State wages, tips, etc. 150,253.43 | 26 Name of State NEW YORK |
| | | | 27 Local income tax 5,221.39 | 28 Local wages, tips, etc. 150,171.97 | 29 Name of locality NEW YORK CITY |
| | | | Local income tax | Local wages, tips, etc. | Name of locality |

FORM W-2 Wage and Tax Statement 16-0231690 This information is being furnished to the Internal Revenue service OMB 1545-0008 YEAR 1990
FOLD, TEAR ON PERFORATION

| | | | |
|---|---|--|---|
| W-2 Federal Filing Copy | | Form W-2 Wage and Tax Statement 1990 Use the 1040-0000 Copy B to be filed with employee's FEDERAL Income Tax Return. Department of the Treasury, Internal Revenue Service. This information is being furnished to the IRS and appropriate State officials. | |
| 1 Control Number 000205 | 2 DH 62-0873800 | 3 Dept. Cap. | 4 Employee use only T |
| 5 Employer's name, address, and ZIP code LIN BROADCASTING 1370 AVE. OF THE AMERICAS NEW YORK NY 10018 | | | |
| 6 Employer's ID number 62-0873800 | 7 Employee's SSN 620873800 | 8 Social Security number 620873800 | 9 Advance EIC payment |
| 10 Federal income tax 1,036,531.64 | 11 Wages, tips, other comp. 1,036,531.64 | 12 Social security wages 51,300.00 | 13 Nonqualified plans |
| 14 Social security tips 0.00 | 15 Social security wages 51,300.00 | 16 Fringe benefits incl. in Box 10 | 17 Other |
| 18 Dependent care benefits | 19 Employee's name, address and ZIP code DAVID NASEMAN 425 EAST 51 ST NEW YORK NY 10022 | 20 State wages, tips, etc. 150,253.43 | 21 State income tax 10,661.23 |
| 22 Local wages, tips, etc. 150,171.97 | 23 Local income tax 5,221.39 | 24 State wages, tips, etc. 150,253.43 | 25 State income tax 10,661.23 |
| 26 Local wages, tips, etc. 150,171.97 | 27 Local income tax 5,221.39 | 28 State wages, tips, etc. 150,253.43 | 29 State income tax 10,661.23 |

| | | |
|--|--|----------------|
| DAVID M. NASEMAN 1370 AVENUE OF THE AMERICAS NEW YORK, NY 10018 212-252-9617 | | 159 |
| PAY TO THE ORDER OF <u>Internal Revenue Service</u> | | 1-482/288 |
| One Hundred Sixty Thousand Five Hundred Seventy Three ⁸⁴ / ₁₀₀ DOLLAR | | \$ 140,573.75 |
| REPUBLIC NATIONAL BANK OF NEW YORK WORLD HEADQUARTERS 485 FIFTH AVENUE NEW YORK, N.Y. 10018 | | |
| MEMO 1990 Form 1040 | | |
| 35 U | | |
| 1026004828 | | 318188309 0159 |

D. Naseman
425 E. 51st St.
Apt. 5A-6A
New York, N.Y. 10022

INTERNAL REVENUE SERVICE CENTER
HOLTSVILLE, New York 00501-0002

| | | |
|---|--|------------------|
| DAVID M. NASEMAN TOEHL HARDING 425 EAST 51ST STREET NEW YORK, NY 10022 ZIE - 752 - 9417 | | 153 1-482/260 |
| Internal Revenue Service One Hundred Thousand + NY/100 | | April 14, 1991 |
| Republic National Bank of New York 425 EAST 51ST STREET NEW YORK, N.Y. 10018 | | \$ 100,000.00 |
| Memo 1990 Form 1040 SSN [REDACTED] 100015311002600482814 | | 3181813711 |
| David M. Naseman | | |

SCHEDULES A&B
(Form 1040)

 Department of the Treasury
 Internal Revenue Service (7)

Schedule A—Itemized Deductions

(Schedule B is on back)

▶ Attach to Form 1040. ▶ See Instructions for Schedules A and B (Form 1040).

OMB No. 1545-0074

1990
 Attachment
 Sequence No. 07

Name(s) shown on Form 1040

DAVID M. NASHMAN and TOENL HARDING

Your social security number

**Medical and
Dental Expenses**

Caution: Do not include expenses reimbursed or paid by others.

| | | | | |
|---|---|---|--|---|
| 1 | Medical and dental expenses. (See page 27 of the instructions.) | 1 | | |
| 2 | Enter amount from Form 1040, line 32 | 2 | | |
| 3 | Multiply the amount on line 2 by 7.5% (.075). Enter the result | 3 | | |
| 4 | Subtract line 3 from line 1. Enter the result. If less than zero, enter -0- | 4 | | 0 |

**Taxes You
Paid**

 (See
Instructions
on page 27.)

| | | | | |
|---|---|---|---------|----|
| 5 | State and local income taxes | 5 | 100,445 | 03 |
| 6 | Real estate taxes | 6 | 11,533 | 75 |
| 7 | Other taxes. (List—include personal property taxes.) | 7 | 3,012 | 49 |
| 8 | Add the amounts on lines 5 through 7. Enter the total | 8 | 114,990 | 27 |

**Interest You
Paid**

 (See
Instructions
on page 27.)

| | | | | |
|-----|--|-----|-------|----|
| 9a | Deductible home mortgage interest paid to financial institutions and reported to you on Form 1098. Report deductible points on line 10 | 9a | 7,782 | 75 |
| 9b | Other deductible home mortgage interest. (If paid to an individual, show that person's name and address.) | 9b | | |
| 10 | Deductible points. (See Instructions for special rules.) | 10 | | |
| 11 | Deductible investment interest (attach Form 4952 if required). (See page 28.) | 11 | | |
| 12a | Personal interest you paid. (See page 28.) | 12a | | |
| 12b | Multiply the amount on line 12a by 10% (.10). Enter the result | 12b | | |
| 13 | Add the amounts on lines 9a through 11, and 12b. Enter the total | 13 | 7,782 | 75 |

**Gifts to
Charity**

 (See
Instructions
on page 29.)

| | | | | |
|----|--|----|--------|----|
| 14 | Contributions by cash or check | 14 | 19,889 | 15 |
| 15 | Other than cash or check. (You MUST attach Form 8283 if over \$500.) | 15 | 500 | 00 |
| 16 | Carryover from prior year | 16 | | |
| 17 | Add the amounts on lines 14 through 16. Enter the total | 17 | 20,389 | 15 |

**Casualty and
Theft Losses**
**Moving
Expenses**

| | | | | |
|----|---|----|--|---|
| 18 | Casualty or theft loss(es) (attach Form 4684). (See page 29 of the instructions.) | 18 | | 0 |
| 19 | Moving expenses (attach Form 3903 or 3903F). (See page 30 of the instructions.) | 19 | | 0 |

**Job Expenses
and Most Other
Miscellaneous
Deductions**

 (See
Instructions
on page 30 for
expenses to
deduct here.)

| | | | | |
|----|---|----|--|---|
| 20 | Unreimbursed employee expenses—job travel, union dues, job education, etc. (You MUST attach Form 2106 if required. See Instructions.) | 20 | | |
| 21 | Other expenses (investment, tax preparation, safe deposit box, etc.). List type and amount | 21 | | |
| 22 | Add the amounts on lines 20 and 21. Enter the total | 22 | | |
| 23 | Enter amount from Form 1040, line 32 | 23 | | |
| 24 | Multiply the amount on line 23 by 2% (.02). Enter the result | 24 | | |
| 25 | Subtract line 24 from line 22. Enter the result. If less than zero, enter -0- | 25 | | 0 |

**Other
Miscellaneous
Deductions**

| | | | | |
|----|--|----|--|---|
| 26 | Other (from list on page 30 of Instructions). List type and amount | 26 | | 0 |
|----|--|----|--|---|

**Total Itemized
Deductions**

| | | | | |
|----|---|----|---------|----|
| 27 | Add the amounts on lines 4, 8, 13, 17, 18, 19, 25, and 26. Enter the total here. Then enter on Form 1040, line 34, the LARGER of this total or your standard deduction from page 20 of the instructions | 27 | 143,163 | 15 |
|----|---|----|---------|----|

For Paperwork Reduction Act Notice, see Form 1040 Instructions.

Schedule A (Form 1040) 19

TH244

Schedules A&B (Form 1040) 1990

OMB No. 1545-0074

Ph

Name(s) shown on Form 1040. (Do not enter name and social security number if shown on other side.)

Your social security number

DAVID M. NASEMAN and TONIL HARDING

Schedule B—Interest and Dividend Income

Attachment
Sequence No.

Part I Interest Income

(See instructions on pages 13 and 30.)

If you received more than \$400 in taxable interest income, or you are claiming the exclusion of interest in series EE U.S. savings bonds issued after 1989 (see page 31), you must complete Part I. List ALL interest received in Part I. If you received more than \$400 in taxable interest income, you must also complete Part III. If you receive, as a nominee, interest that actually belongs to another person, or you received or paid accrued interest securities transferred between interest payment dates, see page 31.

Interest Income

Amount

- 1 Interest income.** (List name of payer—if any interest income is from seller-financed mortgages, see instructions and list that interest first.) ▶

Republic National Bank of New York
Republic National Bank of New York

| | |
|---------|---|
| 140,073 | 2 |
| 54,502 | 1 |

Note: If you received a Form 1099-INT, Form 1099-OID, or substitute statement, from a brokerage firm, list the firm's name as the payer and enter the total interest shown on that form.

- 2 Add the amounts on line 1. Enter the total
- 3 Enter the excludable savings bond interest, if any, from Form 8815, line 14. Attach Form 8815 to Form 1040
- 4 Subtract line 3 from line 2. Enter the result here and on Form 1040, line 8a

| | |
|---------|---|
| 214,576 | 4 |
| | - |
| 214,576 | 4 |

Part II Dividend Income

(See instructions on pages 13 and 31.)

If you received more than \$400 in gross dividends and/or other distributions on stock, you must complete Part and III. If you received, as a nominee, dividends that actually belong to another person, see page 31.

Dividend Income

Amount

- 5 Dividend income.** (List name of payer—include on this line capital gain distributions, nontaxable distributions, etc.) ▶

Merrill Lynch, Pierce, Fenner & Smith
LLN Broadcasting Corporation

| | |
|-------|---|
| 3,459 | 9 |
| 1,170 | 2 |

Note: If you received a Form 1099-DIV, or substitute statement, from a brokerage firm, list the firm's name as the payer and enter the total dividends shown on that form.

- | | | | | |
|----|---|---|-------|---|
| 6 | Add the amounts on line 5. Enter the total | | | |
| 7 | Capital gain distributions. Enter here and on Schedule D* | 7 | | |
| 8 | Nontaxable distributions. (See the Inst. for Form 1040, line 9.) | 8 | 1,093 | 1 |
| 9 | Add the amounts on lines 7 and 8. Enter the total | | | |
| 10 | Subtract line 9 from line 6. Enter the result here and on Form 1040, line 9 | | | |

| | | |
|----|-------|---|
| 6 | 5,330 | 1 |
| | | |
| 9 | 1,093 | 1 |
| 10 | 4,236 | 9 |

***If you received capital gain distributions but do not need Schedule D to report any other gains or losses, see instructions for Form 1040, lines 13 and 14.**

Part III Foreign Accounts and Foreign Trusts

(See instructions on page 31.)

If you received more than \$400 of interest or dividends, OR if you had a foreign account or were a grantor of, or a transferor to, a foreign trust, you must answer both questions in Part III.

- 11a** At any time during 1990, did you have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? (See page 31 of the Instructions for exceptions and filing requirements for Form TD F 90-22.1.)
- b** If "Yes," enter the name of the foreign country ▶
- 12.** Were you the grantor of, or transferor to, a foreign trust that existed during 1990, whether or not you have any beneficial interest in it? If "Yes," you may have to file Form 3520, 3520-A, or 926

| | Yes | No |
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For Paperwork Reduction Act Notice, see Form 1040 Instructions.

*U.S. Government Printing Office: 1990 — 265-058

Schedule B (Form 1040) 19



Republic National Bank of New York
 452 Fifth Avenue • New York, New York 10018
 MEMBER FDIC
 E.I.N. NO.13-2774727

1990

FORM 1099 - INT.

RECIPIENT'S ID. NO.

R-031
 DAVID M NASEMAN
 TOEHL HARDING
 425 EAST 51ST ST
 APT 5A
 NEW YORK NY 10022

STATEMENT OF INTEREST INCOME---RETAIN FOR INCOME TAX PURPOSES

This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction will be imposed on you if this income is taxable and the IRS determines that it has not been reported.

Please read the instructions on the reverse side of this form and review the information listed below. Should you notice any error or discrepancies, please contact your branch or call us at (212) 944-9616 IMMEDIATELY.

| BR. NO. | ACCOUNT NUMBER | ACCOUNT TYPE | ¹ INTEREST EARNED | ² EARLY WITHDRAWAL PENALTY | ⁴ FEDERAL INCOME TAXES WITHHELD |
|---------------|----------------|--------------|------------------------------|---------------------------------------|--|
| 031 | 318181371 | IMDA | 54,502.61 | 0.00 | 0.00 |
| TOTALS | | | 54,502.61 | 0.00 | 0.00 |

SUBSTITUTE FORM 1099-INT.
 U.S. TREASURY DEPT.
 INTERNAL REVENUE SERVICE
 OMB NO. 1545-0112

TH246

**Republic National Bank of New York**

452 Fifth Avenue • New York, New York 10018
 MEMBER FDIC
 E.L.N. NO.13-2774727

1990-

FORM 1099 - INT.

RECIPIENT'S ID. NO.

R-031
 DAVID NASEMAN
 C/O LIN BROADCASTING
 1370 AVENUE OF THE AMERICAS
 32ND FLOOR
 NEW YORK NY 10019

STATEMENT OF INTEREST INCOME---RETAIN FOR INCOME TAX PURPOSES

This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction will be imposed on you if this income is taxable and the IRS determines that it has not been reported.

Please read the instructions on the reverse side of this form and review the information listed below. Should you notice any error or discrepancies, please contact your branch or call us at (212) 944-9616 IMMEDIATELY.

| BR. NO. | ACCOUNT NUMBER | ACCOUNT TYPE | ¹ INTEREST EARNED | ² EARLY WITHDRAWAL PENALTY | ⁴ FEDERAL INCOME TAXES WITHHELD |
|---------------|----------------|--------------|------------------------------|---------------------------------------|--|
| 031 | 318188309 | IMDA | 160,073.83 | 0.00 | 0.00 |
| TOTALS | | | 160,073.83 | 0.00 | 0.00 |

SUBSTITUTE FORM 1099-INT.
 U.S. TREASURY DEPT.
 INTERNAL REVENUE SERVICE
 OMB NO. 1545-0112

RNBTA

TH247

Tax Reporting
Statement

| | | | |
|------------------------|---------------|-------------|-----------------------------|
| ACCOUNT # 891-46551 | F/C # 1020 | PAGE # 1 | SS# OR TAX ID [REDACTED] |
|------------------------|---------------|-------------|-----------------------------|

MS TOEHL HARDING
425 EAST 51 ST STREET APT 5 A
NEW YORK NY 10022-6449

1990 CONSOLIDATED TAX REPORTING STATEMENT
1099 FORMS

** 10022-6449

MERRILL LYNCH, PIERCE,
FENNER & SMITH, INC.
ONE LIBERTY PLAZA
165 BROADWAY
NEW YORK, NY 10060

FEDERAL IDENTIFYING NUMBER
13-5674085

CASH ACCOUNT
FOR SERVICE CALL:
1-800-ML-HELPS
1-800-654-3577

SUMMARY OF 1990 REPORTABLE ACTIVITY

DIVIDENDS AND OTHER DISTRIBUTIONS
OMB NO. 1545-0110

1099-DIV

| | AMOUNT |
|--|--------------|
| 1A GROSS DIVIDENDS AND OTHER DISTRIBUTIONS ON STOCK..... | \$3,459.90 * |
| 1B ORDINARY DIVIDENDS..... | \$3,459.90 |
| 1C CAPITAL GAIN DISTRIBUTIONS..... | \$0.00 |
| 1D NON-TAXABLE DISTRIBUTIONS..... | \$0.00 |
| 1E INVESTMENT EXPENSES INCLUDED IN LINE 1A..... | \$0.00 |
| 2 FEDERAL INCOME TAX WITHHELD..... | \$0.00 |
| 3 FOREIGN TAX PAID..... | \$0.00 |
| 4 FOREIGN COUNTRY OR U.S. POSSESSION..... | \$0.00 |
| 5 LIQUIDATION DISTRIBUTIONS - CASH..... | \$0.00 |
| 6 LIQUIDATION DISTRIBUTIONS - NON-CASH..... | \$0.00 |
| * LINE 1A IS THE SUM OF LINES 1B, 1C, 1D AND 1E. FOR MORE INFORMATION REGARDING THIS AMOUNT, PLEASE REFER TO THE MERRILL LYNCH BOOKLET ENTITLED "AN EXPLANATION OF YOUR CONSOLIDATED 1990 TAX REPORTING STATEMENT" | |

INTEREST INCOME
OMB NO. 1545-0112

1099-INT

| | AMOUNT |
|---|----------|
| 1 INTEREST ON BONDS AND CERTIFICATES OF DEPOSIT..... | \$0.00 * |
| 2 EARLY WITHDRAWAL PENALTY..... | \$0.00 |
| 3 U.S. SAVINGS BONDS, ETC..... | \$0.00 * |
| 4 FEDERAL INCOME TAX WITHHELD..... | \$0.00 |
| 5 FOREIGN TAX PAID..... | \$0.00 |
| 6 FOREIGN COUNTRY OR U.S. POSSESSION..... | \$0.00 |
| * YOUR TOTAL REPORTABLE INTEREST IS THE SUM OF LINES 1 AND 3. | |
| * INVESTMENT EXPENSES INCLUDED IN LINE 1..... | \$0.00 |

ORIGINAL ISSUE DISCOUNT
OMB NO. 1545-0117

1099-OID

| | AMOUNT |
|---|----------|
| 1 TOTAL ORIGINAL ISSUE DISCOUNT(FOR 1990)..... | \$0.00 * |
| 3 EARLY WITHDRAWAL PENALTY..... | \$0.00 |
| ** FOR MORE INFORMATION REGARDING THIS AMOUNT, PLEASE REFER TO THE MERRILL LYNCH BOOKLET ENTITLED "AN EXPLANATION OF YOUR CONSOLIDATED 1990 TAX REPORTING STATEMENT" ** | |

GROSS PROCEEDS FROM DISPOSITIONS OF SECURITIES
OMB NO. 1545-0715

1099-B

| | AMOUNT |
|--|--------|
| 2 GROSS PROCEEDS LESS COMMISSIONS..... | \$0.00 |
| 4 FEDERAL INCOME TAX WITHHELD..... | \$0.00 |

-888884244

This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanctions will be imposed on you if any of this income is taxable and the IRS determines that it has not been reported.

TH248

(2) VOTED (if checked)

| | | | |
|--|--|--|--|
| PAYER'S name, street address, city, state, and ZIP code LIN BRADCASTING CORPORATION C/O BANK OF AMERICA, N.T. & SA BOX 37002 - DEPT #9016 SAN FRANCISCO CA 94137 | | OMB No. 1545-0110 1990 | |
| PAYER'S Federal identification number 91-1379052 | RECIPIENT'S identification number [REDACTED] | Statement for Recipients of | |
| RECIPIENT'S name and address DAVID M NASEMAN 425 E 51ST ST APT 5A NEW YORK NY 10022 | | Dividends and Distributions | |
| Account number (optional) C9802 29235 | | Form 1099-DIV | |
| 1a Gross dividends and other distributions on stock (total of 1b, 1c, 1d) 1870.26 | | 1b Ordinary dividends 777.09 | |
| 1c Capital gain distributions 0.00 | | 1d Non taxable distributions 1093.17 | |
| 1e Investment expenses 0.00 | | 2 Federal income tax withheld 0.00 | |
| 3 Foreign tax paid 0.00 | | 4 Foreign country or U.S. possession 0.00 | |
| Liquidity Distributions | | 5 Noncash (Fair market value) \$ | |
| 6 Cash \$ | | 7 | |
| Department of the Treasury - Internal Revenue Service | | Copy B For Recipient This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this dividend income is taxable and the IRS determines that it has not been reported. | |

SCHEDULE D
(Form 1040)Department of the Treasury
Internal Revenue Service (O)
Name(s) shown on Form 1040**Capital Gains and Losses**
(And Reconciliation of Forms 1099-B for Bartering Transactions)▶ Attach to Form 1040. ▶ See instructions for Schedule D (Form 1040).
▶ For more space to list transactions for lines 2a and 9a, get Schedule D-1 (Form 1040).

OMB No. 1545-00

1990Attachment
Sequence No. 1:Name(s) shown on Form 1040: **DAVID M. NASSIMAN and Tochi HANNU**

Your social security number

1 Enter the total sales of stocks, bonds, other securities, and real estate transactions reported to you for 1990 on Forms 1099-B and 1099-S (or on substitute statements). If this total is not the same as the total of lines 2c and 9c, column (d), attach a statement explaining the difference. (Do not include on this line amounts from Form 1099-S if you reported them on another form or schedule.) See instructions for line 1. **1****Part I Short-Term Capital Gains and Losses—Assets Held One Year or Less**

| (a) Description of property (Example, 100 shares 7% preferred of "Z" Co.) | (b) Date acquired (Mo., day, yr.) | (c) Date sold (Mo., day, yr.) | (d) Sales price (see instructions) | (e) Cost or other basis (see instructions) | (f) LOSS If (e) is more than (d), subtract (d) from (e) | (g) GAIN If (d) is more than (e), subtract (e) from (d) |
|--|--------------------------------------|----------------------------------|------------------------------------|--|--|--|
|--|--------------------------------------|----------------------------------|------------------------------------|--|--|--|

2a Stocks, Bonds, Other Securities, and Real Estate. Include Form 1099-B and 1099-S Transactions. See instructions.**2b** Amounts from Schedule D-1, line 2b (attach Schedule D-1).**2c** Total of All Sales Price Amounts.Add column (d) of lines 2a and 2b . . . ▶ **2c****2d** Other Transactions (Do NOT include real estate transactions from Forms 1099-S. Report them on line 2a.)**3** Short-term gain from sale or exchange of your home from Form 2119, line 10 or 14c. **3****4** Short-term gain from installment sales from Form 6252, line 22 or 30 **4****5** Net short-term gain or (loss) from partnerships, S corporations, and fiduciaries. **5****6** Short-term capital loss carryover from 1989 Schedule D, line 29 **6****7** Add lines 2a, 2b, 2d, and 3 through 6, in columns (f) and (g) **7****8** Net short-term gain or (loss). Combine columns (f) and (g) of line 7 **8****Part II Long-Term Capital Gains and Losses—Assets Held More Than One Year****9a** Stocks, Bonds, Other Securities, and Real Estate. Include Form 1099-B and 1099-S Transactions. See instructions.

| | | | | | | | | |
|--|--------|--------|----------|----|---------|----|--------|----|
| 110 common shares of LIN Broadcasting Corp. | 1-3-88 | 3-5-90 | \$14,592 | 10 | \$7,305 | 00 | 9, 387 | 10 |
|--|--------|--------|----------|----|---------|----|--------|----|

| | | | | | | | | |
|--|--------|----------|----------|----|---------|----|--------|----|
| 112 common shares of LIN Broadcasting Corp. | 1-3-88 | 11-29-90 | \$11,721 | 27 | \$7,991 | 00 | 3, 730 | 27 |
|--|--------|----------|----------|----|---------|----|--------|----|

9b Amounts from Schedule D-1, line 9b (attach Schedule D-1).**9c** Total of All Sales Price Amounts.Add column (d) of lines 9a and 9b . . . ▶ **9c****9d** Other Transactions (Do NOT include real estate transactions from Forms 1099-S. Report them on line 9a.)**10** Long-term gain from sale or exchange of your home from Form 2119, line 10 or 14c. **10****11** Long-term gain from installment sales from Form 6252, line 22 or 30. **11****12** Net long-term gain or (loss) from partnerships, S corporations, and fiduciaries **12****13** Capital gain distributions **13****14** Gain from Form 4797, line 7 or 9 **14****15** Long-term capital loss carryover from 1989 Schedule D, line 36 **15****16** Add lines 9a, 9b, 9d, and 10 through 15, in columns (f) and (g). **16****17** Net long-term gain or (loss). Combine columns (f) and (g) of line 16. **17**

For Paperwork Reduction Act Notice, see Form 1040 instructions.

Schedule D (Form 1040) 1990

TH250

SCHEDULE D
(Form 1040)Department of the Treasury
Internal Revenue Service (O)
Name(s) shown on Form 1040**Capital Gains and Losses**
(And Reconciliation of Forms 1099-B for Bartering Transactions)▶ Attach to Form 1040. ▶ See Instructions for Schedule D (Form 1040).
▶ For more space to list transactions for lines 2a and 9a, get Schedule D-1 (Form 1040).

OMB No. 1545-00

1990Attachment
Sequence No. 1:

Your social security number

DAVID M. NASSIMAN and Tochi HARDING**1** Enter the total sales of stocks, bonds, other securities, and real estate transactions reported to you for 1990 on Forms 1099-B and 1099-S (or on substitute statements). If this total is not the same as the total of lines 2c and 9c, column (d), attach a statement explaining the difference. (Do not include on this line amounts from Form 1099-S if you reported them on another form or schedule.) See Instructions for line 1.**1****Part I Short-Term Capital Gains and Losses—Assets Held One Year or Less**

| (a) Description of property (Example, 100 shares 7% preferred of "Z" Co.) | (b) Date acquired (Mo., day, yr.) | (c) Date sold (Mo., day, yr.) | (d) Sales price (see Instructions) | (e) Cost or other basis (see Instructions) | (f) LOSS If (e) is more than (d), subtract (d) from (e) | (g) GAIN If (d) is more than (e), subtract (e) from (d) |
|--|--------------------------------------|----------------------------------|---------------------------------------|--|---|---|
|--|--------------------------------------|----------------------------------|---------------------------------------|--|---|---|

2a Stocks, Bonds, Other Securities, and Real Estate. Include Form 1099-B and 1099-S Transactions. See Instructions.**2b** Amounts from Schedule D-1, line 2b (attach Schedule D-1).**2c Total of All Sales Price Amounts.**Add column (d) of lines 2a and 2b ▶ **2c****2d Other Transactions** (Do NOT include real estate transactions from Forms 1099-S. Report them on line 2a.)**3** Short-term gain from sale or exchange of your home from Form 2119, line 10 or 14c**4** Short-term gain from installment sales from Form 6252, line 22 or 30**5** Net short-term gain or (loss) from partnerships, S corporations, and fiduciaries**6** Short-term capital loss carryover from 1989 Schedule D, line 29**7** Add lines 2a, 2b, 2d, and 3 through 6, in columns (f) and (g)**8** Net short-term gain or (loss). Combine columns (f) and (g) of line 7**Part II Long-Term Capital Gains and Losses—Assets Held More Than One Year****9a Stocks, Bonds, Other Securities, and Real Estate.** Include Form 1099-B and 1099-S Transactions. See Instructions.

| | | | | | | | | | | |
|--|--------|--------|----------|----|---------|----|--|--|-------|----|
| 110 common shares of LIN Broadcasting Corp. | 1-3-88 | 3-5-90 | \$14,512 | 10 | \$7,305 | 00 | | | 9,317 | 16 |
|--|--------|--------|----------|----|---------|----|--|--|-------|----|

| | | | | | | | | | | |
|--|--------|----------|----------|----|---------|----|--|--|-------|----|
| 112 common shares of LIN Broadcasting Corp. | 1-3-88 | 11-29-90 | \$11,721 | 27 | \$7,991 | 00 | | | 3,730 | 27 |
|--|--------|----------|----------|----|---------|----|--|--|-------|----|

9b Amounts from Schedule D-1, line 9b (attach Schedule D-1).**9c Total of All Sales Price Amounts.**Add column (d) of lines 9a and 9b ▶ **9c****9d Other Transactions** (Do NOT include real estate transactions from Forms 1099-S. Report them on line 9a.)**10** Long-term gain from sale or exchange of your home from Form 2119, line 10 or 14c**11** Long-term gain from installment sales from Form 6252, line 22 or 30**12** Net long-term gain or (loss) from partnerships, S corporations, and fiduciaries**13** Capital gain distributions**14** Gain from Form 4797, line 7 or 9**15** Long-term capital loss carryover from 1989 Schedule D, line 36**16** Add lines 9a, 9b, 9d, and 10 through 15, in columns (f) and (g)**17** Net long-term gain or (loss). Combine columns (f) and (g) of line 16

For Paperwork Reduction Act Notice, see Form 1040 Instructions.

Schedule D (Form 1040) 1990

TH251

Schedule D (Form 1040) 1990

Attachment Sequence No. 12A

Page

Name(s) shown on Form 1040. (Do not enter name and social security number if shown on other side.)

DAVID M. WASSMAN and TOSHI HARDING

Your social security number

Part III Summary of Parts I and II

18 Combine lines 8 and 17, and enter the net gain or (loss) here. If the result is a gain, stop here and also enter the gain on Form 1040, line 13

18 13, 117 37

19 If line 18 is a (loss), enter here and as a (loss) on Form 1040, line 13, the smaller of:

a The (loss) on line 18; or

b (\$3,000) or, if married filing a separate return, (\$1,500)

19 (

Note: When figuring whether line 19a or 19b is smaller, treat both numbers as if they were positive.

Go on to Part IV if the loss on line 18 is more than \$3,000 (\$1,500, if married filing a separate return), OR if taxable income on Form 1040, line 37, is zero.

Part IV Capital Loss Carryovers from 1990 to 1991**Section A—Carryover Limit**

20 Enter taxable income from Form 1040, line 37. (If Form 1040, line 37 is zero, see instructions for amount to enter.)

20

Note: For lines 21 through 36, enter all amounts as positive numbers.

21 Enter the loss on line 19

21

22 Enter the amount on Form 1040, line 36

22

23 Combine lines 20, 21, and 22. If zero or less, enter -0-

23

24 Carryover Limit. Enter the smaller of line 21 or line 23

24

Section B—Short-Term Capital Loss Carryover to 1991

(Complete this section only if there is a loss on both line 8 and line 19. Otherwise, go on to Section C.)

25 Enter the loss on line 8

25

26 Enter the gain, if any, on line 17

26

27 Enter the amount on line 24

27

28 Add lines 26 and 27.

28

29 Short-term capital loss carryover to 1991. Subtract line 28 from line 25. If zero or less, enter -0-

29

Section C—Long-Term Capital Loss Carryover to 1991

(Complete this section only if there is a loss on both line 17 and line 19.)

30 Enter the loss on line 17

30

31 Enter the gain, if any, on line 8

31

32 Enter the amount on line 24

32

33 Enter the amount, if any, on line 25.

33

34 Subtract line 33 from line 32. If zero or less, enter -0-

34

35 Add lines 31 and 34.

35

36 Long-term capital loss carryover to 1991. Subtract line 35 from line 30. If zero or less, enter -0-

36

Part V Election Not to Use the Installment Method (Complete this part only if you elect out of the installment method and report a note or other obligation at less than full face value.)37 Check here if you elect out of the installment method ☐

38 Enter the face amount of the note or other obligation

38

39 Enter the percentage of valuation of the note or other obligation

39

Part VI Reconciliation of Forms 1099-B for Bartering Transactions

(Complete this part if you received one or more Forms 1099-B or substitute statements reporting bartering income.)

Amount of bartering income from Form 1099-B or substitute statement reported on form or schedule

40 Form 1040, line 22

40

41 Schedule C (Form 1040)

41

42 Schedule D (Form 1040)

42

43 Schedule E (Form 1040)

43

44 Schedule F (Form 1040)

44

45 Other form or schedule (Identify) (if nontaxable, indicate reason—attach additional sheets if necessary):

1990
Submitted for filing

Due Date: 03/05/1990 **0-000**
MM HOLDINGS, INC./LIN BROADCASTING
C/O CHEMICAL BANK
55 WATER ST RM 540 **REF: RB X**
NEW YORK, N.Y. 10042 **203**

PAYER'S Federal Identification number: 911446947 **RECIPIENT'S Identification number:** [REDACTED]

RECIPIENT'S name (first, middle, last), Street address, City, state, and ZIP code:
DAVID M. NASEMAN
425 E 51ST ST
APT 6A
NEW YORK, NY 10022

Account number (optional): 000-000-000

| | | | |
|--|-------------------------------|--------------------|--------------------------------------|
| 1 Stock, bond, etc. | 2 Dividend, bond, etc. | 3 Bartering | 4 Federal income tax withheld |
| | | | 0.00 |
| 5 Description: MM HOLDINGS, INC./L | | | |
| 6 Profit or (loss) realized in 1990 | | | |
| 7 Unrealized profit or (loss) on open contract—12/31/90 | | | |
| 8 Unrealized profit or (loss) on open contract—12/31/90 | | | |
| 9 Aggregate profit or (loss) | | | |
| 10 Federal income tax withheld | | | |
| 11 State income tax withheld | | | |
| 12 State/Payer's state number | | | |

OMB No. 1545-0115
1990
Miscellaneous Income

Copy B
For Recipient
This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this information is taxable and the IRS determines that it has not been reported.

☐ VOID ☐ CORRECTED

PAYER'S name, street address, city, state, and ZIP code:
LIN BROADCASTING CORPORATION
1370 AVENUE OF THE AMERICAS
NEW YORK, NEW YORK 10019

PAYER'S Federal Identification number: 62-0673800 **RECIPIENT'S Identification number:** [REDACTED]

RECIPIENT'S name: **DAVID NASEMAN**

Street address: **425 East 51st Street**
CHY, state, and ZIP code: **New York, New York 10022**

Account number (optional): 000-000-000

Form 1099-MISC 19-0311690
Department of the Treasury - Internal Revenue Service

1 Prizes
2 Royalties
3 Prizes, awards, etc.
4 Federal income tax withheld
5 Fishing boat proceeds
6 Medical and health care payments
7 Nonemployee compensation
8 Schedule payments in lieu of dividends or interest
9 Payer made direct sales of products to a buyer (recipient) for resale ☐
10 Crop insurance proceeds
11 State income tax withheld
12 State/Payer's state number

Copy 1
For State Tax
Department

EXHIBIT 4

New York Department of Taxation and Finance

1990 Resident Income Tax Return

New York State • City of New York • City of Yonkers

For the year Jan. 1 — Dec. 31, 1990, or fiscal tax year beginning , 1990, ending , 19

IT-20

For office use only

Attach label type

Last name: **NASSIMAN, DAVID M. and HAADJWA, TOSHA** First name and middle initial (if joint return, enter both names)

Mailing address (number and street or rural route): **425 East 51st Street** Apartment number: **5A-6A**

City, village or post office: **New York, New York** State: **NY** ZIP code: **10022**

Your social security number: **[REDACTED]**

Spouse's social security number: **[REDACTED]**

New York State county of residence: **New York**

In the space below, print or type your permanent home address within New York State if it is not the same as your mailing address above (see instructions, page 20).

Permanent home address (number and street or rural route): **[REDACTED]** Apartment number: **[REDACTED]**

City, village or post office: **[REDACTED]** State: **[REDACTED]** ZIP code: **[REDACTED]**

If taxpayer is deceased, enter first name and date of death: **[REDACTED]**

(A) Filing status:
 ① ☐ Single
 ② ☒ Married filing joint return (enter spouse's social security number above)
 ③ ☐ Married filing separate return (enter spouse's social security number above)
 ④ ☐ Head of household (with qualifying person)
 ⑤ ☐ Qualifying widow(er) with dependent child

(B) Did you itemize your deductions on your 1990 federal income tax return? Yes ☒ No ☐

(C) Can you be claimed as a dependent on another taxpayer's federal return? Yes ☐ No ☒

(D) If you use a paid preparer and do not want New York tax forms mailed to you next year, check box ☐

(E) Enter the number of exemptions claimed from your federal return, line 6a **2**

Enter your income items and total adjustments exactly as they appear on your federal return (see instructions, page 10).

| | | | | |
|---|--|----|-----------|----|
| 1 | Wages, salaries, tips, etc. | 1 | 5,329,797 | 3' |
| 2 | Taxable interest income | 2 | 214,576 | 4' |
| 3 | Dividend income | 3 | 4,236 | 9' |
| 4 | Taxable refunds of state and local income taxes (also enter on line 24 below) | 4 | | |
| 5 | Alimony received | 5 | | |
| 6 | Business income or (loss) (attach copy of federal Schedule C, Form 1040) | 6 | | |
| 7 | Capital gain or (loss) (attach copy of federal Schedule D, Form 1040) | 7 | 13,117 | 3' |
| 8 | Capital gain distributions not reported on line 7 | 8 | | |
| 9 | Other gains or (losses) (attach copy of federal Form 4797) | 9 | | |
| 10 | Taxable amount of IRA distributions | 10 | | |
| 11 | Taxable amount of pensions and annuities | 11 | | |
| 12 | Rents, royalties, partnerships, estates, trusts, etc. (attach copy of federal Schedule E, Form 1040) | 12 | | |
| 13 | Farm income or (loss) (attach copy of federal Schedule F, Form 1040) | 13 | | |
| 14 | Unemployment compensation (insurance) | 14 | | |
| 15 | Taxable amount of social security benefits (also enter on line 25 below) | 15 | | |
| 16 | Other income (see instructions, page 10) Identify: | 16 | | |
| 17 | Add lines 1 through 16 | 17 | 5,561,728 | 19 |
| 18 | Total federal adjustments to income (see instructions, page 11) Identify: | 18 | | 00 |
| 19 | Subtract line 18 from line 17. This is your federal adjusted gross income | 19 | 5,561,728 | 19 |
| New York Additions: (see instructions, page 11) | | | | |
| 20 | Interest income on state and local bonds (but not those of New York State and local governments within the state) | 20 | | |
| 21 | Public employee 414(h) retirement contributions (see instructions, page 11) | 21 | | |
| 22 | Other (see instructions, page 11) Identify: | 22 | | |
| 23 | Add lines 19 through 22 | 23 | 5,561,728 | 19 |
| New York Subtractions: (see instructions, page 12) | | | | |
| 24 | Taxable refunds of state and local income taxes (from line 4 above) | 24 | | |
| 25 | Taxable amount of social security benefits (from line 15 above) | 25 | | |
| 26 | Interest income on US government bonds | 26 | | |
| 27 | Pension and annuity income exclusion | 27 | | |
| 28 | Other (see instructions, page 12) Identify: | 28 | | |
| 29 | Add lines 24 through 28 | 29 | | 00 |
| 30 | Subtract line 29 from line 23. This is your New York adjusted gross income (if you claimed the standard deduction on your federal return, skip lines 31 through 45 and enter the line 30 amount on line 46 on the back page) | 30 | 5,561,728 | 19 |

IT-201 (1990) (back)

If you itemized your deductions on federal Form 1040, fill in lines 31 through 45 and continue on line 46.

| | | | | | |
|----------------------------------|---|--|---------|-----------|----|
| Tax Computation | 31 | Medical and dental expenses (from federal Schedule A, line 4) | 31 | | 00 |
| | 32 | Taxes you paid (from federal Schedule A, line 8) | 32 | 614,991 | 27 |
| | 33 | Interest you paid (from federal Schedule A, line 13) | 33 | 7,792 | 75 |
| | 34 | Gifts to charity (from federal Schedule A, line 17) | 34 | 20,389 | 15 |
| | 35 | Casualty and theft losses (from federal Schedule A, line 18) | 35 | | 00 |
| | 36 | Moving expenses (from federal Schedule A, line 19) | 36 | | 00 |
| | 37 | Job expenses and most other miscellaneous deductions (from federal Schedule A, line 25) | 37 | | 00 |
| | 38 | Other miscellaneous deductions (from federal Schedule A, line 26) | 38 | | 00 |
| | 39 | Total itemized deductions (from federal Schedule A, line 27) | 39 | 643,163 | 17 |
| | 40 | State, local and foreign income taxes included on line 32 (see instructions) | 40 | 600,445 | 03 |
| | 41 | Subtract line 40 from line 39 | 41 | 43,018 | 14 |
| | 42 | Other adjustments (see instructions, page 14) | 42 | | 00 |
| | 43 | Line 41 and add or subtract line 42 | 43 | 43,018 | 14 |
| | 44 | Itemized deduction adjustment (if line 30 is more than \$100,000, see instructions, page 14; all others enter "0" on line 44) | 44 | 21,509 | 07 |
| | 45 | Subtract line 44 from line 43. This is your itemized deduction | 45 | 21,509 | 07 |
| Credits/Other Taxes/Gifts/Totals | 46 | Enter the amount from line 30 on the front page (this is your New York adjusted gross income) | 46 | 5,541,797 | 3 |
| | 47 | Check appropriate box and enter the larger of: <input type="checkbox"/> your standard deduction from instructions, page 15.. OR <input checked="" type="checkbox"/> your itemized deduction from line 45 | 47 | 21,509 | 0 |
| | 48 | Subtract line 47 from line 46 | 48 | 5,540,288 | 3 |
| | 49 | Dependent exemptions (from line c of Dependent Exemption Worksheet, instructions page 15) | 49 | | |
| | 50 | Subtract line 49 from line 48. This is your taxable income | 50 | 5,540,288 | 3 |
| | 51 | New York State tax on line 50 amount (use New York State Tax Table on yellow pages 29 through 36) | 51 | 435,579 | 9 |
| | 52 | NY State child and dependent care credit • number of qualifying persons <input type="checkbox"/> cared for in 1990 • amount of federal credit for child and dependent care <input type="checkbox"/> x 20% (.20) | 52 | | |
| | 53 | New York State household credit (from Table I, II or III, instructions page 16) | 53 | | |
| | 54 | Other New York State credits (from Form IT-201-ATT, line 7; attach form) | 54 | | |
| | 55 | Add lines 52, 53, and 54 | 55 | | 0 |
| | 56 | Subtract line 55 from line 51 (if line 55 is more than line 51, enter "0") | 56 | 435,579 | 9 |
| | 57 | Other New York State taxes (from Form IT-201-ATT, line 15; attach form) | 57 | | 0 |
| | 58 | Add lines 56 and 57. This is the total of your New York State taxes | 58 | 435,579 | 9 |
| | 59 | City of New York resident tax (use City of NY Tax Table on white pages 37 - 44) | 59 | 216,225 | 47 |
| | 60 | City of NY household credit (from Table IV, V or VI, page 17) | 60 | | 00 |
| 61 | Subtract line 60 from line 59 (if line 60 is more than line 59, enter "0") | 61 | 216,225 | 47 | |
| 62 | City of New York nonresident earnings tax (attach Form NYC-203) | 62 | | | |
| 63 | Other city of New York taxes (from Form IT-201-ATT, line 19; attach form) | 63 | | | |
| 64 | City of Yonkers resident income tax surcharge (from Yonkers worksheet, page 18) | 64 | | | |
| 65 | City of Yonkers nonresident earnings tax (attach Form Y-203) | 65 | | | |
| 66 | Part-year city of Yonkers resident income tax surcharge (attach Form IT-350.1) | 66 | | | |
| 67 | Add lines 61 through 66. This is the total of your city of New York and city of Yonkers taxes | 67 | 216,225 | 4 | |
| 68 | If you want to Return a Gift to Wildlife, enter amount: \$5, \$10, \$20, other (see instructions, pages 9 and 10) | 68 | 10 | 0 | |
| 69 | Add lines 58, 67 and 68. This is the total of your New York State, city of New York and city of Yonkers taxes, and Gift to Wildlife | 69 | 651,815 | 4 | |
| Payments | 70 | Real property tax credit (from Form IT-214, line 17; attach form) | 70 | | |
| | 71 | Total New York State tax withheld (attach wage and tax statements to front) | 71 | 409,401 | 55 |
| | 72 | Total city of New York tax withheld (attach wage and tax statements to front; see instructions) | 72 | 189,445 | 41 |
| | 73 | Total city of Yonkers tax withheld (attach wage and tax statements to front; see instructions) | 73 | | |
| | 74 | Estimated tax paid/Amount paid with Form IT-370 | 74 | | |
| 75 | Add lines 70 through 74. This is the total of your payments | 75 | 598,846 | 9 | |
| Refund/Owe | 76 | If line 75 is more than line 69, enter amount overpaid (also complete line 77 or 78, or both) | 76 | | |
| | 77 | Amount of line 76 to be refunded to you | 77 | | |
| | 78 | Amount of line 76 to be applied to your 1991 estimated tax | 78 | | |
| | 79 | If line 75 is less than line 69, enter amount you owe (do not send cash; make check or money order payable to NY State Income Tax; write your social security number and 1990 income tax on it) | 79 | 52,958 | 4 |
| 80 | Estimated tax penalty (see instructions, page 19) | 80 | | 00 | |

| | | | | | | |
|--------------------------------|--------------------------------|-----------------------------------|---|------------------------|--------------------------------------|------|
| Paid Preparer's Use Only | Preparer's signature | Date | Check if self-employed <input type="checkbox"/> | Sign Your Return | Your signature | Date |
| | Firm's name (if self-employed) | Preparer's social security number | | | Spouse's signature (if joint return) | Date |
| Address | | Employer identification number | | | | |

| | | | | | | | | | | | |
|--|--|---|--|---------------------------------|--|---|--|---|--|--|--|
| 3 Employer's ID # 13-3247448 | | 4 Employer's state ID # | | 5 Employee's social sec. # | | 6 Advance EIC payment 0.00 | | 9 Federal income tax withheld 23,092.82 | | Copy for City or Loc Tax Department | |
| 6 Unemployment insurance tax 0.00 | | 7 State unemployment insurance tax 0.00 | | 8 Allocated tips 0.00 | | 10 Wages, tips, other comp. 150,253.43 | | 11 Social sec. tax withheld 3,924.45 | | 12 Social security wages 51,300.00 | |
| 2 Employer's name, address and ZIP code INFO SOLUTIONS 4 WEST RED OAK LANE WHITE PLAINS NY 10604 | | | | | | 13 Social security tax 0.00 | | 14 Nonqualified plans 0.00 | | 15 Dependent care benefits 0.00 | |
| 19 Employee's name, address and ZIP code TDEHL HARDING 425 EAST 51ST APT 5A NEW YORK NY 10022 | | | | | | 16 Fringe benefits incl. in Box 10 455.00 | | 17 Codes explained on backer B - 1,464.21 D - 7,979.00 0.00 0.00 0.00 | | | |
| | | | | | | 24 State income tax 10,661.23 | | 25 State wages, tips, etc. 150,253.43 | | 26 Name of State NEW YORK | |
| | | | | | | 27 Local income tax 5,221.38 | | 28 Local wages, tips, etc. 150,171.97 | | 29 Name of locality NEW YORK CITY | |
| | | | | | | Local income tax | | Local wages, tips, etc. | | Name of locality | |

FORM W-2 Wage and Tax Statement Employee's and Employer's copy compared ☐ OMB 1545-0008 YEAR 19 FOLD, TEAR ON PL

| | | | | | |
|---|--|--|--|--|--|
| Form W-2 Wage and Tax Statement 1990, one no. tax-adj. Copy 2 to be filed with employee's STATE Income Tax Return. Employee's and Employer's copy compared <input type="checkbox"/> . | | 1 Control Number 000203 | | 2 Employer's name, address, and ZIP code LIN BROADCASTING 1870 AVE OF THE AMERICAS NEW YORK NY 10019 | |
| 3 Employer's ID number 62-0873800 | | 4 Employer's state ID number 820073800 | | 5 Employee's SSA number 820073800 | |
| 6 Bar Emp. (Unreimb. Pension plan) | | 7 Allocated tips | | 8 Advance EIC payment | |
| 9 Federal income tax 1,039,531.64 | | 10 Wages, tips, other comp. 5,188,058.75 | | 11 Social security tax 3,924.45 | |
| 12 Social security wages 51,300.00 | | 13 Social security tips | | 14 Nonqualified plans | |
| 15 Dependent care benefits | | 16 Fringe benefits incl. in Box 10 | | 17 Other | |
| 18 Employee's name, address and ZIP code DAVID NASEMAN 425 EAST 51 ST NEW YORK NY 10022 | | | | | |
| 21 State income tax 388,740.32 | | 22 State wages, tips, etc. 5,188,058.75 | | 23 Name of state NY | |
| 24 Local income tax 184,224.02 | | 25 Local wages, tips, etc. 5,188,058.75 | | 26 Name of locality NEW YORK | |

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| | | | |
|---|--|------------------|--|
| DAVID M. NASEMAN TOEHL HARDING 425 EAST 51ST STREET NEW YORK, NY 10022 | | 15 | |
| N.Y. State Income Tax | | \$ 52,958. | |
| Fifty-Two Thousand Nine Hundred Fifty-Eight & 47/100 | | 1-48 | |
| Republ. National Bank of New York WORLD HEADQUARTERS 452 FIFTH AVENUE NEW YORK, N.Y. 10018 | | April 14, 1991 | |
| Memo 1990 Income Tax ; | | David M. Naseman | |
| 1000152 | | 1026004828 | |
| 318181371 | | | |